Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State_	MISSCURI			
Citation 12 CFR Part 140, Subpart B 12 CFR 441.15 17-78-90 17-80-34		Home health services are provided in accordance with the requirements of 42 CFR 441.15.		
		(1)	all o	health services are provided to categorically needy individuals ears of age or over.
		-	all d	health services are provided to categorically needy individuals 21 years of age.
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes
				Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.
		• •		health services are provided to medically needy:
				Yes, to all
				Yes, to individuals age 21 or over; SNF services are provided
				Yes, to individuals under age 21; SNF services are provided
	•			No; SNF services are not provided
				Not applicable; the medically needy are not included under this plan

IN # MS NA 7
Supersedes
IN #

Revision: HCFA-PM-93- (BPD)

State/Territory:

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation

Missouri

Prevision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in <u>ATTACHMENT</u> 3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8)

TN Fo. 93-9
Superscees Approval Date 1011 1000 Effective Date October 1, 1993
TN No. 91-41

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State MISSOURI

<u>Citation</u> 42 CFR 440.260 AT-78-90 3.1(d) Methods and Standards to Assure
Quality of Services

The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

IN # 90 12 Supersedes IN #/// -76-/2/ Revision: HCFA-AT-80-38 (BPP)

HCFA-AT-80-38 (BPP) May 22, 1980

State MISSOURI

Citation 42 CFR 441.20 AT-78-90 3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

IN # 70-12
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AT-78-90

Revision: HCFA-PM-87-5

(BERC)

APRIL 1987

Missouri

State/Territory:

Citation 42 CFR 441.30

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under \$\$435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

OMB No.: 0938-0193

/ / Yes.

/ / No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

/X/ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1) (2) Organ Transplant Procedures of the Act, P.L. 99-272

Organ transplant procedures are provided.

/ / No.

 $\frac{X}{X}$ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

TN No. MS 87-11 Supersedes

TN No. N/A

(Section 9507)

Approval Date AUG 0 7 1987

Effective Dat

HCFA ID: 1008P/0011P

Revision: HCFA-PM-87-4 MARCH 1987 (BERC)

OMB No.: 09

State/Territory:

Missouri

Citation 42 CFR 431.110(b) AT-78-90 3.1 (g) Participation by Indian Health Service Facili

Indian Health Service facilities are accepted providers, in accordance with 42 CFR 431.110(the same basis as other qualified providers.

1902(e)(9) of the Act, P.L. 99-509 (Section 9408) (h) Respiratory Care Services for Ventilator-Depe Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provide under the plan to individuals who—

- (1) Are medically dependent on a ventilator f life support at least six hours per day;
- (2) Have been so dependent as inpatients duri: single stay or a continuous stay in one ohospitals, SNFs or ICFs for the lesser of
 - // 30 consecutive days;
 - days (the maximum number of inpat:
 days allowed under the State plan);
- (3) Except for home respiratory care, would re respiratory care on an inpatient basis in hospital, SNF, or ICF for which Medicaid payments would be made;
- (4) Have adequate social support services to be cared for at home; and
- (5) Wish to be cared for at home.
- // Yes. The requirements of section 1902(e)(9) o
- Not applicable. These services are not includ the plan.

TN No. MS 87-9 Supersedes TN No. N/A Approval Date 11/1/87 Effective Date 1911